

VERIFICATION OF INCOME FROM ASSETS

DATE: _____

RE: _____

TO: _____

SS#: _____

Policy #: _____

FAX #: _____

To Whom It May Concern:

The individual who has signed this authorization has applied for or is a resident at _____. This community is operated under the guidelines of the LIHTC Program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation from the source of all income of all applicants/tenants.

In order to comply with this regulation, we ask that you provide the information requested and return the completed form in the envelope provided. This information will only be used to determine the applicant's/tenant's eligibility under the program and will not be available to any third party.

If you have access to a fax machine your reply may be sent to _____. Your help in this matter is greatly appreciated.

Sincerely,

Property: _____

I hereby authorize the release of the information requested on this verification form.

Tenant/Applicant

Date

Type of Asset: _____

Cash Value of Asset: _____

Valuation Date: _____

Anticipated Annual Income: _____

Interest Rate or Rate of Return (annual): _____

Can the holder withdraw the balance at any time? _____ If so, amount of penalty? _____

FOR IRA or ANNUITY does the tenant/applicant currently receive periodic payments? If so,
amount? \$ _____ frequency? _____

Signature: _____ Date: _____

Print Name and Title: _____